

Church

Payroll Information Sheet

Name: _____

Address: _____

Social Security #: _____

Setting Up a New Employee

Date of Hire: _____

Date of 1st Paycheck: _____

Hourly

Hourly Rate: \$ _____

Full-time

Part-time

Maximum # of hours per week _____

Salaried

Annual Salary: \$ _____

Full-time

Part-time

Housing Allowance: \$ _____

Full-time: 30 or more hours per week
Part-time: less than 30 hours per week

Changing an Existing Employee

Effective Date: _____

Hourly Rate Change

From: \$ _____ To: \$ _____

Salary Change

From: \$ _____ To: _____

Other Changes

Bonus \$ _____

_____ * \$ _____

* Provide explanation _____

Changes in a housing allowance require LBA approval on a separate form.

Authorization

Date

PLEASE NOTE: Additions/changes to payroll will be implemented only if this form is filled out completely, properly authorized and received by the accounting office.

Month: _____ 20__